

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/14/2014
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have install the components of the fire alarm in accordance with NFPA 72, National Fire Alarm Code.</p> <p>The findings include:</p> <p>1. Observation on September 14, 2014 at 9:35 a.m. revealed the following locations have smoke detectors located within 3 feet of air flow from a</p>	K 051	<p>NFPA 101 K 051 LIFE SAFETY CODE STANDARD</p> <p>REQUIREMENT: A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>POC:</p> <ol style="list-style-type: none"> 1. No residents were affected in this citation. The movement of smoke detectors 3 feet from supply/return registers will be complete by 10/17/14. 2. A walk thru in the facility was conducted by the maintenance supervisor on 9/14/14 to make sure no other smoke detectors were within 3 feet of air flow from a supply or return register, and other residents in the East and West Wing small dining rooms that could be affected were assessed and <p>Continue to page 2 of 4</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE B.B.A.			TITLE ADMINISTRATIVE ASSISTANT		(X6) DATE 10/14/14

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 09/14/2014
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051	Continued From page 1 supply or return register: a. In the corridor outside of the day room. b. In the corridor outside of the main dining room. c. In the corridor by the nurses station in West Wing. NPFA 72 2-3.5.1* 2. Observation on September 14, 2014 at 12:30 p.m. revealed the main dining room is not provided with at least 1 visible notification (strobe light). Table 4-4.4.1.1(a) These findings were verified and acknowledged by the maintenance supervisor during the exit conference on September 14, 2014. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review, it was determined that the facility failed to maintain the automatic sprinkler system. The findings include: Record review on September 14, 2014 at 10:10 a.m. revealed the antifreeze loop failed to have the freezing temperature correct for the front drive through canopy and the loading dock. 2-3.4*, Table 2-3.4(a)	K 051	Continued from page 1 of 4 strobe lights are already in place, to ensure no other residents have the potential to be affected by this citation. 3. Facility will ensure that all future installations of smoke detectors will meet the same criteria. A contracted company was contacted to install horns and strobes in the Dining room, one strobe with sound, mounted in the ceiling. 4. Annual inspections by third party contractors will monitor for proper installation of smoke detectors, and proper installation and working order of strobe lights. October 17, 2014 NFPA 101 K 062 LIFE SAFETY CODE STANDARD REQUIREMENT: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 POC: 1. No residents were affected by this citation. 2. Antifreeze Loop corrections for the front canopy and loading dock are slated to be complete on the week of 10/06/14 thru 10/10/14 so no residents would have the potential to be affected by the same deficient practice. 3. A contracted company has been contracted to add the antifreeze loop		
K 062 SS=D		K 062			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

LAUGHLIN HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

801 E MCKEE ST

GREENEVILLE, TN 37743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

K 062 Continued From page 2

This finding was verified and acknowledged by the maintenance supervisor during the exit conference on September 14, 2014.

K 076 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility failed to have oxygen storage separated by at least 5 feet from combustibles.

The findings include:

Observation on September 14, 2014 at 11:15 a.m. revealed the oxygen storage in the clean utility room on the East and West Wing is not separated by at least 5 feet from combustibles. The oxygen storage is stored directly by clean linens and boxes of supplies.
NFPA 99 8-3.1.11.2

This finding was verified and acknowledged by

K 062

Continued from page 2 of 4
corrections for the front canopy and the loading dock.

4. Annual inspections by third party contractor will monitor for proper temperature and volume of antifreeze.
October 10, 2014

K 076

NFPA 101 K 076 LIFE SAFETY CODE STANDARD

REQUIREMENT: Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu. Ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu. Ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

POC:

1. No residents were affected by this citation.
2. Oxygen will not be stored in clean utility room on East and West Wings so residents will not have the potential to be affected by this citation.
3. In-services will be given to instruct staff that clean utility rooms on East and West Wings are not to be used for oxygen storage.
4. DON, ADON, Wing Managers and/or designees will monitor utility rooms to assure no oxygen storage in rooms.

October 06, 2014

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445264

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY
COMPLETED

09/14/2014

NAME OF PROVIDER OR SUPPLIER

LAUGHLIN HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

801 E MCKEE ST

GREENEVILLE, TN 37743

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

K 076

Continued From page 3
the maintenance supervisor during the exit
conference on September 14, 2014.
NFPA 101 LIFE SAFETY CODE STANDARD
Electrical wiring and equipment is in accordance
with NFPA 70, National Electrical Code. 9.1.2

K 147
SS=E

This STANDARD is not met as evidenced by:
Based on observation and testing, it was
determined that the facility failed to have ground
fault current interrupters (GFCI) electrical outlets
installed at outdoor locations.

The findings include:

Observation and testing on September 14, 2014
at 10:50 a.m. revealed the courtyard electrical
outlets are not provided with ground fault current
interrupters (GFCI) outlets.
NFPA 70 210-8 (a) 3

This finding was verified and acknowledged by
the maintenance supervisor during the exit
conference on September 14, 2014.

K 076

K 147

NFPA 101 K 147 LIFE SAFETY CODE
STANDARD

REQUIREMENT: Electrical wiring and
equipment is in accordance with NFPA 70,
National Electrical Code. 9.1.2

POC:

1. No residents were affected by this
citation.
2. GFCI breakers have been ordered for
the courtyard so other residents will not
have the potential to be affected by this
deficient practice.
3. All future outdoor outlets will be GFCI,
including outdoor areas other than the
courtyard.
4. The maintenance technician will
monitor to make sure all outdoor outlets
are GFCI.

October 10, 2014